DOCUMENT RESUME

ED 351 830 EC 301 657

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TITLE Attention Deficit Disorder. NICHCY Briefing Paper.
INSTITUTION Interstate Research Associates, Inc., Washington, D.C.; National Information Center for Children and Youth with Disabilities, Washington, DC.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE Sep 91
CONTRACT H030A00002
NOTE 9p.; Drawn from "Maybe You Know My Kid: A Parent's Guide to Identifying, Understanding, and Helping Your Child with ADHD" by Mary Fowler, Birch Lane Press, New York, NY.
PUB TYPE Information Analyses (070) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Access to Education; *Attention Deficit Disorders; Definitions; Drug Therapy; Educational Policy; Elementary Secondary Education; Etiology; Hyperactivity; Incidence; *Intervention; Parent School Relationship; Program Development; Self Esteem; Social Support Groups; *Student Characteristics; *Student Evaluation; Therapy

ABSTRACT

This briefing paper uses a question-and-answer format to provide basic information about children with attention deficit disorder (ADD). Questions address the following concerns: nature and incidence of ADD; causes of ADD; signs of ADD (impulsivity, hyperactivity, disorganization, social skill deficits); the diagnostic ADD assessment; how to get one's child evaluated for ADD; treatment of ADD (education about the disorder, behavior management, medication, and appropriate educational programming); helping to improve the child's self esteem; determining if the ADD child needs special education; the child's legal rights for special education; and locating a support group. Three inserts list the diagnostic criteria for ADD, identify specific strategies for improving the self-esteem of the child with ADD, and summarize a recent policy clarification from the U.S. Department of Education. A selected bibliography lists 12 print materials and 5 relevant organizations. (DB)

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Attention Deficit Disorder

by:
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September, 1991

NICHCY BRIEFING PAPER

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Every year the National Information Center for Children and Youth with Disabilities (NICHCY) receives hundreds of requests for information about the education and special needs of children and youth with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Over the past three years, ADD and ADHD have become a subject of increased attention from parents, professionals, and policymakers across the country.

In response to the growing concern and interest in this disability, this ***NICHCY Briefing Paper*** was developed. It is designed to answer some of the most commonly asked questions regarding ADD and ADHD and to provide concerned individuals with other resources for information and support.

"Maybe you know my kid. He's the one who says the first thing that comes to mind. He's the youngster who can't remember a simple request. When he scrapes his knee, he screams so loud and long that the neighbors think I am beating him. He's the kid in school with ants in his pants who could do the work if he really tried. Or so his parents have been told over and over again."

Drawn from Mary Fowler's (1990) *Maybe you know my kid: A parent's guide to identifying, understanding, and helping your child with ADHD*. Used with permission.

What is Attention Deficit Disorder?

Attention Deficit Disorder (ADD), also called Attention Deficit Hyperactivity Disorder (ADHD), is a developmental disability estimated to affect between 3-5% of all children (Barkley, 1990). The disorder is characterized by three predominant features: inattentiveness, impulsivity, and in many but not all cases, restlessness or hyperactivity. The disorder is most prevalent in children and is generally thought of as a childhood disorder. Recent studies, however, show that ADD can and does continue throughout the adult years. Current estimates suggest that approximately 50 to 65% of the children with ADD will have symptoms of the disorder as adolescents and adults (Barkley, 1990, p. 124).

What Causes ADD?

Scientists and medical experts do not know precisely what causes ADD. Scientific evidence suggests that the disorder is genetically transmitted in many cases, and is caused by a chemical imbalance or deficiency in certain neurotransmitters (chemicals that regulate the efficiency with which the brain controls behavior). Results from a landmark study conducted by Alan Zametkin, M.D., and his colleagues at the National Institute of Mental Health showed that the rate at which the brain uses glucose, its main energy source, is lower in subjects with ADD than in subjects without ADD (Zametkin et al., 1990). Even though the exact cause of ADD remains unknown, we do know that ADD is a neurologically-based medical problem and is not caused by poor parenting or diet.

What Are The Signs of ADD?

Inattention. A child with ADD is usually described as having a short attention span and as being distractible. The child will have difficulty concentrating (particularly on tasks that are routine or boring), listening, beginning or finishing tasks, and following directions (especially when three or more steps are given at one time). The child may appear to hear but not listen. Parents and teachers find that they often have to repeat directions and redirect the child to tasks such as getting ready for school, putting away toys or materials, completing worksheets, or finishing meals. Some children with ADD wander about, while others appear to daydream.

Attention is a skill that can be applied or directed in a variety of ways. The inattentiveness of a child with ADD, then, can take several forms. The child may have difficulty with selective attention (figuring out where his or her attention needs to be), focusing attention (the child knows where attention needs to be, but has difficulty zeroing in on the relevant task), sustaining attention (difficulty in maintaining attention through distractions), and/or dividing attention (difficulty doing two or more tasks at the same time). The child can have difficulty with one or all of these attention skills.

Impulsivity. A child with ADD often acts without thinking, and has great difficulty waiting for his or her turn. The child may rush through assignments, shift excessively from one task to another, or frequently call out or ask irrelevant questions in class. This child will often interrupt others and have outbursts of inappropriate responses such as silliness or anger. When this child gets a case of "the giggles" or flies into a temper tantrum, he or she has great difficulty regaining emotional control.

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Impulsivity often leads the child into physical danger and disapproval. He or she may engage in what looks like risk-taking behavior, such as running across a street without looking, climbing on or jumping from roof tops or tall trees, shooting a rubber band at a classmate, and so on. This child is not really a risk-taker but, rather, a child who has great difficulty controlling impulse. Often, the child is surprised to discover that he or she has gotten into a dangerous situation and has no idea how the situation developed or why.

Hyperactivity (Poor Motor Control). Many (but not all) children with ADD are hyperactive. A hyperactive child is often described as "always on the go" or "motor driven." This child runs or climbs excessively, has difficulty sitting still, fidgets, and engages in physical activity not related to the task, such as frequent pencil sharpening, falling out of his or her chair, finger tapping, or fiddling with objects. The child may also make excessive vocalizations, noises, or talk in a loud voice. It is important to realize, however, that some children are more hyperactive than others, and that a hyperactive child may have periods of calm as well.

In contrast to children who have ADD with hyperactivity, some children with ADD are underactive and often called "lazy" or "spacey." Children with ADD–those with hyperactivity and those without– are often "accident prone."

Disorganization. Inattentiveness and impulsivity often cause the child with ADD to be very disorganized. This child frequently forgets needed materials or assignments, loses his or her place, and has difficulty following sequences, such as directions with three or more steps. When given multiple worksheets or directions, the child often does not know where to begin or overlooks part of the assignment.

Social Skill Deficits. The child with ADD is often described as immature, lacking in self-awareness and sensitivity, and demanding of attention. The child may frustrate easily and be inconsiderate, overly sensitive, or emotionally overreactive. He or she may have difficulty expressing feelings, accepting responsibility for behavior, or get into frequent fights or arguments. This child often reacts to a social situation without first determining what behavior is desirable; for example, he or she may interrupt a game in progress or crack a "joke" during a serious moment. Though this child has social problems, it is important to understand that the social skills deficits stem from the disorder. This child wants to be liked and accepted, but usually goes about it with an inappropriate style.

Don't All Children Show These Signs Occasionally?

From time to time all children will be inattentive, impulsive, and exhibit high energy levels. But, in the case of ADD, these behaviors are the rule, not the exception. This child is often described as experiencing difficulty "getting with the program" at home, in school, or with peers. Keep in mind, however, that the degree of difficulty varies with each child.

Many parents spend years wondering why their child is difficult to manage. They may blame themselves, thinking they are "bad" parents or feeling guilty and ashamed of the way they respond to the child. As the child grows older, the "out of step" behavior is often misunderstood as a deliberate choice to be non-compliant, and the child is blamed. When the child enters school and experiences difficulty in that environment, teachers with knowledge of this disability may recognize the behaviors as possible indicators of ADD. Teachers without knowledge of ADD may blame the child, the parents, or both.

How Do I Know For Sure If My Child Has ADD?

There is a big difference between suspecting your child has ADD and knowing for certain. Parents are cautioned against diagnosing this disorder by themselves. ADD is a disability that, without proper identification and treatment, can have serious and long-term complications.

Unfortunately, there is no simple test, such as a blood test or urinalysis, which will determine if a child has this disorder. Diagnosing ADD is complicated and much like putting together a puzzle. An accurate diagnosis requires an assessment conducted by a well-trained professional, usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist.

What Does an ADD Assessment Involve?

The evaluation for diagnosing ADD usually includes the following elements:

1. A thorough medical and family history
2. A physical examination
3. Interviews with the parents, child, and child's teacher
4. Behavior rating scales
5. Observation of the child
6. Psychological tests which measure I.Q. and social and emotional adjustment, as well as screen for learning disabilities.

Sophisticated medical tests such as EEGs (to measure the brain's electrical activity) or MRIs (an X-ray that gives a picture of the brain's anatomy) are ***NOT*** part of the routine assessment. Such tests are usually given only when the diagnostician suspects another problem, and those cases are rare. Positron emission tomography (PET Scan) has recently been used for research purposes but is not part of the diagnostic evaluation.

The professional evaluating your child will look at all the information collected and decide whether or not your child has ADD. This professional will base this decision in part upon whether your child exhibits at least eight of the behaviors (called criteria) listed in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual* (DSM). These criteria are presented in Table 1.

It is useful to know that in recent years the description of ADD in the DSM has been revised as a result of research and the opinions of experts in the field. While prior editions of the DSM referred to the disorder as "ADD with hyperactivity" and "ADD without hyperactivity," the latest edition (called the DSM-III-R) uses the acronym ADHD, which stands for Attention Deficit Hyperactivity Disorder. This change in terminology shows the predominance of hyperactivity as one characteristic of the disability. Yet, many children with attention deficit disorders are not hyperactive. The DSM-III-R acknowledges this fact by stating that "signs of impulsiveness and hyperactivity are not present in **Undifferentiated Attention-deficit Disorder**" (p. 52). Thus, while professionals may assess a child according to

Table 1
Diagnostic Criteria for ADHD, as Listed in the DSM-III-R*

Note: A criterion is met only if the behavior occurs more frequently in a child being assessed than in most people of the same mental age.

A. At least eight of the following behaviors must be present, for at least six months:

- often fidgets with hands or feet, or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness)
- has difficulty remaining seated when required to do so
- is easily distracted by extraneous stimuli
- has difficulty awaiting turn in games or group situations
- often blurts out answers to questions before they have been completed
- has difficulty following through on instructions from others (not due to oppositional behavior or failure to comprehend directions), e.g., fails to complete chores
- has difficulty sustaining attention in tasks or play activities
- often shifts from one uncompleted activity to another
- has difficulty playing quietly
- often talks excessively
- often interrupts or intrudes on others, e.g., butts into other children's games
- often does not seem to listen to what is being said to him or her
- often loses things necessary for tasks or activities at school or at home (e.g., toys, pencils, books, assignments)
- often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking), e.g., runs into street without looking

B. These behaviors begin before the age of seven.

* Drawn from the American Psychiatric Association's (1987), *Diagnostic and Statistical Manual of Mental Disorders* (3rd edition-revised), pp. 52-53.

the criteria listed in the DSM-III-R, they will take into consideration that hyperactive or impulsive behavior may not necessarily be present in all children with ADD.

In general, then, for a child to be diagnosed as having ADD, the behavioral signs listed in Table 1 must be evident in early childhood (prior to age seven), inappropriate for the child's age, and present for at least six months.

All children with ADD do not have the disorder to the same degree or intensity. ADD can be mild with the child exhibiting few symptoms in perhaps only the home or school environment. Other children may have moderate to severe degrees of ADD and experience difficulty in all areas of their lives.

How Do I Get My Child Evaluated For ADD?

If your child is an infant or toddler, and you suspect an attention or hyperactivity problem, you may want to investigate what early intervention services are available in your state through the Part H program of the Individuals with Disabilities Education Act (IDEA). You can find out about the availability of these services in your state by contacting the StateDepartment of Education, contacting your local education agency, asking your pediatrician, or contacting the nursery or child care department in your local hospital.

While your state may not specifically list ADD as a disability to be addressed through the Part H program, most states have a category such as "atypical children" or "other" under which an ADD assessment might be made.

Preschoolers (children aged 3-5) may be eligible for services under Part B of the Individuals with Disabilities Education Act. If your child is a preschooler, you may wish to contact the State Department of Education, local education agency, ask your pediatrician, or talk with local day care providers about how to access services under Part B in order to have your child assessed.

If your child is school-aged, and you suspect that ADD may be adversely affecting his or her educational performance, you can ask your local school district to conduct a evaluation. With the exception of the physical examination, the assessment can be conducted by the child study team, provided they have been trained in the assessment of Attention Deficit Disorder. If not, the district may need to utilize an outside professional consultant trained in the assessment of ADD. This person must know what to look for during child observation, be competent to conduct structured interviews with the parent, teacher, and child, be able to interpret the interview results, and know how to administer and interpret behavior rating scales.

Parents may also choose to have their child assessed privately. In selecting a professional to perform an assessment for ADD, parents should consider the clinician's training and experience with the disorder, and his or her availability to coordinate the various treatment approaches. Parents can consult their child's pediatrician, community mental health center, university mental health clinics, or hospital child evaluation units. Most ADD parent support groups have a list of clinicians trained to evaluate and treat children with ADD.

How is ADD Treated?

There is no cure or "quick fix" when treating ADD. Widely publicized "cures" such as special diets have, for the most part, proven ineffective.

Effective treatment of ADD generally requires these basic components: education about the disorder, training in the use of behavior management, medication when indicated, and an appropriate educational program.

(1) Education about the Disorder. Parents and teachers need to be aware of the symptoms of ADD and how those symptoms impact the child's ability to function at home, in school, and in social situations. Once the adults in the child's life understand that the child cannot help many of his or her problematic behaviors, they will be able to structure situations to enable the child to behave appropriately and achieve success. Remember, the child who has difficulty with attention, impulse control, and in regulating physical activity needs help and encouragement to overcome these problems.

(2) Behavior Management. Children with ADD respond well to rewards and structure. The child does best in an organized environment where rules and expectations are clear and consistent, and when consequences for meeting the demands of a given situation are set forth ahead of time and delivered immediately. Thus, the child's environment needs to be ordered and predictable. Frequent and consistent praise and rewards for appropriate behavior such as completing tasks on time or being polite and courteous encourage the child to repeat such desirable behavior.

The main principle behind all behavior management strategies is to increase the child's appropriate behavior and decrease inappropriate behavior through the use of consequences. The best way to influence any behavior is to pay attention to it. The best way to increase a desirable behavior is to reward it. Ignoring an undesirable behavior will decrease its frequency.

There are many books on behavior management written for the lay person. Below are some guidelines for behavior management.

Guideline 1, Behavior Modification Charts: Children with ADD usually require a formal program for managing their behavior. Most often, such a program centers around behavior modification charts. Parents, teachers, and other important adults in the child's life will need training in how to implement and use these charts effectively.

Charts are designed to provide the child with a clear picture of what behaviors are expected. The child then has the choice to meet those expectations. Parents or teachers provide feedback to the child about his or her choices by delivering consequences. Charts provide high motivation and enable the child to develop an internal sense of self-control — specifically, that he or she can behave appropriately.

There are two basic types of chart programs. (1) *Token Economy* - Here, the child earns tokens (chips, stickers, stars) for appropriate behavior. Tokens can be exchanged for various rewards. (2) *Response Cost* - In this chart program, the child is given tokens for free. Tokens are withdrawn for inappropriate behavior (e.g., out of seat, off-task, etc.).

The most effective programs use both types of chart systems and work on a give and take basis. In this combination system, the child is given a token for behaving appropriately and loses a token when misbehaving.

When creating and implementing a behavior modification chart, you may wish to follow these suggestions:

- ✓ Make a list of problematic behaviors or ones that need improving.
- ✓ Select the behaviors to be modified. The parents (or teachers), with input from the child, review the list of problematic behaviors and select three, four, or five to work on at a given time. The behaviors charted should be ones that occur daily, such as going to bed on time, doing homework, or getting ready for school on time.
- ✓ Design a reward system (Token Economy, Response Cost, or a combination). The parents (or teachers) need to pay attention to the child's behavior throughout the course of a day and provide frequent rewards when the child behaves appropriately. At the end of the day, tokens can be exchanged for rewards, such as extended bed time, playing a game with Mom or Dad, or a favorite snack. Remember, a reward is only effective when it has value to the child. Rewards might have to be changed frequently.

Guideline 2, Punishment: Children with ADD respond best to motivation and positive reinforcement. It is best to avoid punishment. When punishment is necessary, use it sparingly and with sensitivity. It is important for parents and teachers to respond to this child's inappropriate behavior without anger and in a matter-of-fact way. These children need to be taught to replace inappropriate behavior with appropriate behavior.

Guideline 3, Time-out: When the child is misbehaving or out of control, time-out is an effective way to manage the problem. Time-out means the child is sent to a predetermined location for a short period of time. A place out of the mainstream of activity is best; for example, one particular chair may be specified as the "time-out chair." The time-out location should not be a traumatic place, such as a closet or dark basement. The purpose of time-out is to provide the child with a cooling-off period wherein he or she can regain control.

An important aspect to time-out is that the child no longer has the privilege to choose where he or she would like to be and how time is spent. In general, the child stays in time-out and must be quiet for five minutes. Preschool-aged children are usually given two or three minutes in time-out. For toddlers, 30 seconds to a minute is appropriate.

(3) Medication. Medication has proven effective for many children with ADD. Most experts agree, however, that medication should never be the only treatment used. Stimulants are the medication most widely prescribed for ADD. These drugs (e.g. Ritalin, Dexedrine, Cylert) are believed to stimulate the action of the brain's neurotransmitters, which enables the brain to better regulate attention, impulse, and motor behavior. Ritalin is the most widely used stimulant medication. In most cases, Ritalin has few and mild side-effects. Anti-depressant medications are also used in children who cannot take stimulant drugs.

The parents' decision to place a child on medication is a personal one and should be made after a thorough evaluation of the child has taken place and after careful consideration by both the parents and the physician. The prescribing physician should explain the benefits and drawbacks of this form of treatment to the parents. Doses are generally administered gradually, so that the child receives the lowest dose needed to achieve the best therapeutic benefit. Parents should monitor closely how their child responds to the medication. Such monitoring generally includes feedback from the child's teacher(s). Parents should communicate with the physician as often as is necessary to determine when medication has reached the proper

level for the child, and to discuss any problems or questions.

(4) Appropriate Educational Program. Many children with ADD experience the greatest difficulty in school where demands for attention and impulse or motor control are virtual requirements for success. Though most children with ADD do not have a learning disability that interferes with the psychological process of learning, these children often are unable to perform to their level of ability in school. Their poor performance and academic failure usually result from uncompleted tasks, assignments completed but not handed in on time, disorganization, and not following directions. Behavioral difficulties such as hyperactivity, low frustration tolerance, and outbursts of temper also prevent many of these children from adapting to the classroom regimen. With help, these children can and do succeed in school. (Note: Some children with ADD, however, *do* have learning disabilities. Any evaluation should screen for the co-existence of learning disabilities or other disabilities and ADD.)

Children with ADD do best with a teacher who is knowledgeable about the disorder and willing to problem-solve to help the child overcome his or her difficulties. A classroom where activities are highly structured and where the teacher uses lots of motivation and hands-on instruction are similarly helpful to children with ADD. Teachers and parents need to communicate frequently.

There are numerous interventions which can be used effectively with the ADD child. Here are a few guidelines:

- ✓ The classroom environment needs to be structured and predictable, with rules, schedules, and assignments posted and clearly spelled out.
- ✓ It is best to seat the child close to the teacher, away from distractors.
- ✓ Directions should be clear, simple, and given a few at a time.
- ✓ The curriculum will need to be modified in accordance with the child's organizational skills and his or her ability to pay attention and concentrate. How tasks are approached may be modified in a number of ways. For example, tasks can be structured into easily completed parts; the length of assignments can also be shortened or the child can be given extra time to complete tasks. The child's progress during tasks can be monitored. Including organizational and study skills in the daily curriculum is another helpful modification, as is coordinating the amount of work between subject areas.
- ✓ Behavior management (e.g. positive reinforcement) is also necessary. Behavior charts, used in combination with other educational interventions, often produce positive results.

How Can I Help My Child Improve Self-Esteem?

Most undiagnosed and untreated children with ADD suffer from low self-esteem. Many will also show signs of being mildly depressed. These feelings stem from the child's sense of personal failure. For the child with ADD, the world is often an unkind place. Negative feedback in the form of punishment or blame tends to be a constant in this child's life. Early diagnosis and treatment help to stem the feelings of poor self-esteem.

To encourage a good sense of self, this child must be helped to recognize personal strengths and to develop them. Using many of the behavior management techniques described in this document will help. The child's self-esteem will improve when he or she feels competent. These are not children who can't, or won't. They can, and do. It's just that "can" and "do" come harder for them.

Does My Child Need Special Education?

Approximately one half of the children with ADD are able to learn satisfactorily and perform to their ability levels within a regular education classroom *when the disorder is recognized, understood, and when curriculum adjustments to the regular program of instruction are made.*

WAYS TO IMPROVE SELF-ESTEEM IN CHILDREN WHO HAVE ADD

Become Proactive. Knowledge is power. Gain enough knowledge about the disability so you understand why and how ADD affects the child at home, in school, in social situations, and the entire family system.

Change Your Belief System. Before the child can change his or her self-concept, the adults in the child's life have to change the way they view the child. Separate the child from the behavior, and then separate the child from the disability. These are not ADD children. They are children with ADD.

Act, Don't React. Emotional responses such as blame and anger will diminish when you stop, look, listen, and then respond. In other words, count to ten.

Nurture Yourself. Take time alone with your spouse, develop an interest or hobby, establish a regular exercise program – be good to yourself.

Catch The Child Being Good. Give your child lots of praise, encouragement, recognition, and positive attention. Reward the child for meeting expectations. Use punishment sparingly, and never ridicule the child.

Develop The Child's Sense of Competence and Responsibility.

- Identify the child's strengths and weaknesses.
- Develop realistic expectations of the child.
- Play to the child's strengths by building opportunities for success in the environment. Remember, you may have to structure situations carefully to make success achievable.
  - Assign special jobs (feeding the family pet, mowing the lawn, decorating the house for holidays).
  - Cultivate the child's special interests (help start a card or doll collection, take trips to museums).
  - Enroll the child in extra-curricular activities (sports, performing arts). Finding an activity best suited to your child may require trial and error. Encourage the child by attending practices and performances.
  - Play with your child. Let the child choose and direct the game or activity and, if not too obvious, let the child win.

"I think I can. I think I can," said the little red engine. And he could.

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The other half of the children with ADD will require special education services, most of which can be provided within the regular education classroom or the resource room. Such services might include teaching of organization techniques, behavior modification programs, daily or weekly report cards, training in self-monitoring, self-evaluation, and self-instruction methods, and the coordination of efforts among the different teachers working with the child.

Some children — approximately 15% — will need a more intensive program, particularly those children who have other disabilities in addition to ADD. A series of steps is typically necessary in order for a child to be placed into a special education program. First, the child is referred to the local school district's evaluation team. An evaluation is then made to determine what effect the child's disability is having on his or her ability to perform educationally. Once a child is determined to be eligible for special education and related services, the parents collaborate with the school in developing an individualized educational plan (IEP). The IEP is designed to address the child's specific problems and unique learning needs. Strategies to improve social and behavioral problems are also addressed in the IEP.

What Are My Child's Legal Rights For Special Education?

Numerous sources are available to provide information about your child's right to receive special education and related services. For an in-depth explanation of the laws governing the rights of children, contact the National Information Center for Children and Youth With Disabilities (NICHCY). Request a copy of ***NICHCY's NEWS DIGEST*** entitled *The Education of Children and Youth with Special Needs: What Do the Laws Say?* (Volume I, Number 1, 1991).

Where Can I Find a Parent Support Group?

There are numerous ADD parent support groups located throughout the country. For information about a group in your location, contact CH.A.D.D. (Children with Attention Deficit Disorders) at 499 NW 70th Avenue, Suite 308, Plantation, FL 33317. You can also call CH.A.D.D. at (305) 587-3700. If there is no parent support group in your area, the CH.A.D.D. staff can give you guidance in how to start a group in your area.

"I am one of the lucky mothers. I now understand why my son behaves the way he does. I know now that the disturbing behaviors which appeared at various stages of his development were neither of his own doing or my fault. If you are the parent of a child with ADD, I want you to know that children with ADD aren't really pain in the neck kids with lousy parents. Know when and where to go for help and support. Understand that they are the children who have ADD."

Drawn from Mary Fowler's (1990) *Maybe you know my kid: A parent's guide to identifying, understanding, and helping your child with ADHD.* Used with permission.

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U.S. Department of Education Issues ADD Policy Clarification...

A Policy Clarification Memorandum on Attention Deficit Disorder has been issued jointly by three offices within the Department of Education. It has been jointly signed by Robert R. Davila, Assistant Secretary for the Office of Special Education and Rehabilitative Services, Michael L. Williams, Assistant Secretary for the Office for Civil Rights, and John T. MacDonald, Assistant Secretary for the Office of Elementary and Secondary Education.

The Memorandum does three things. It clarifies the circumstances under which children with ADD are eligible for special education services under Part B of the Individuals with Disabilities Education Act (IDEA), as well as the Part B requirements for evaluation of such children's unique educational needs. It also clarifies the responsibility of State and local educational agencies to provide special education and related services to eligible children with ADD under Part B. Finally, this policy clarifies the responsibility of Local Education Agencies (LEAs) to provide regular or special education and related aids and services to those children with ADD who are not eligible under Part B, but who fall within the definition of "handicapped persons" under Section 504 of the Rehabilitation Act of 1973.

A copy of this Policy Memorandum is available by writing or calling NICHCY.

FYI: Information Resources from NICHCY's Database

Bibliographic Note:

The following information was selected from numerous resources abstracted in ***NICHCY***'s database. If you know of a group which provides information about ADD or ADHD to families, professionals, or the general public, or develops materials in this area, please send this information to ***NICHCY*** for our resource collection and database. We will appreciate this information and will share it with others who request it.

You can obtain many of the documents listed below through your local library. Whenever possible, we have included the publisher's address or some other source in case the publication is not available in your area. The organizations listed provide various services and information about ADD and ADHD.

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Organizations

Attention Deficit Disorder Association (ADDA) - 80913 Ireland Way, Aurora, CO 80016. Telephone: (313) 690-7548.

Attention Deficit Information Network (AD-IN) - P.O. Box 790, Plymouth, MA 02360. Telephone: (508) 747-5180.

A.D.D. Warehouse - 300 NW 70th Ave., Plantation, FL 33317, Telephone: (800) 233-9273.

Center for Hyperactive Children Information, Inc. (CHCI) - P.O. Box 66272, Washington, DC 20035. Telephone: (703) 415-1090.

Children with Attention Deficit Disorders (CH.A.D.D.) - 499 NW 70th Avenue, Suite 308, Plantation, FL 33317. Telephone: (305) 587-3700.

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NICHCY thanks our Project Officer, Dr. Sara Conlon, at the Office of Special Education Programs, U.S. Department of Education, for her time in reading and reviewing this document. We also thank the following individuals for their thoughtful review and comments on this briefing paper: Sandra Thomas, President, CH.A.D.D.; Dr. Russell Barkley, Department of Psychiatry, University of Massachusetts Medical Center; Dr. George Storm, behavioral and developmental pediatrician, Exeter, New Hampshire; Bonnie Fell, Vice President, CH.A.D.D.; and Fran Rice, Advocacy Associates, Montpelier, Vermont.

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